

COUNTY OF LOS ANGELES  
**SHERIFF'S DEPARTMENT**  
*"A Tradition of Service"*

OFFICE CORRESPONDENCE

DATE: February 19, 2016

FROM:  KELLEY S. FRASER, COMMANDER  
SOUTH PATROL DIVISION

TO: PATRICK NELSON, CAPTAIN  
LANCASTER STATION

SUBJECT: EXECUTIVE FORCE REVIEW COMMITTEE FINDINGS

Case Number: FO2375679

Incident: Use of Force

Incident Date: March 8, 2015

Unit: Lancaster Station

Suspect:  MW/ 

Involved Employees: Deputy Candice Bivens #   
Deputy Donald Nelson # 

EFRC Date: February 18, 2016

The Executive Force Review Committee (EFRC) consisting of Commanders Kelley S. Fraser, Ralph J. Webb and Eddie Rivero met and reviewed the above case.

**FINDINGS:**

The EFRC determined the use of force and tactics were within Department policy.

**RECOMMENDATIONS:**

The EFRC made no recommendations.

KSF:JRB:jrb

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INTERNAL AFFAIRS BUREAU

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# Los Angeles County Sheriff's Department

## Supervisor's Report on Use of Force

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| Incident Information   |                       |                      |   |               |   |   |  |  |   |  |            |  |  |  |
|--|-----------------------|----------------------|---|---------------|---|---|--|--|---|--|------------|--|--|--|
| URN: 9 1 5 - 0 4 1 5 6 - 1 1 8 2 - 3 9 1   |                       |                      |   |               |   | Date: March 8, 2015   |  | Time: 0230   |   |  |            |  |  |  |
| Location: [REDACTED] Sondi Drive   |                       |                      | City or Station: Lancaster  |               |   |   |  |  |   |  |            |  |  |  |
| Bureau/Station/Facility: Lancaster Station   |                       |                      | Admin. Investigation: <input type="radio"/> YES <input checked="" type="radio"/> NO   |               |   |   |  |  |   |  |            |  |  |  |
| Type of Force: Team Take down/ Control Holds/ Resistive Handcuffing  |                       |                      |   |               |   |   |  |  |   |  |            |  |  |  |
| Incident Category: <input type="radio"/> 1 <input type="radio"/> 2 <input checked="" type="radio"/> 3                  |                       |                      | Deputy Injury: <input type="radio"/> YES <input checked="" type="radio"/> NO    Suspect Injury: <input checked="" type="radio"/> YES <input type="radio"/> NO |               |   |   |  |  |   |  |            |  |  |  |
| <input checked="" type="checkbox"/> Call   |                       |                      | <input type="checkbox"/> Observation  |               |   | <input type="checkbox"/> Detail   |  |  | <input type="checkbox"/> Foot Pursuit   |  |            | <input type="checkbox"/> Vehicle Pursuit |  |  |
| IAB Notified: <input checked="" type="radio"/> YES <input type="radio"/> NO  |                       |                      | Person Notified: Lt. Todd Weber   |               |   | Emp: [REDACTED]   |  |  | IAB Roll Out: <input checked="" type="radio"/> YES <input type="radio"/> NO                             |  |            |  |  |  |
| Involved Employee  |                       |                      |   |               |   |   |  |  |   |  |            |  |  |  |
| <b>E 1</b>   | Employee # [REDACTED] |                      | Last Name: Blivins  |               |   | First Name: Candice   |  |  | Middle I.   |  | Rank: DSG  |  |  |  |
| Sex: <input type="radio"/> M <input checked="" type="radio"/> F  |                       | Race: Blk            | Height: 507   | Weight: 131   | Age: [REDACTED]                               | Shift: <input checked="" type="radio"/> EM <input type="radio"/> Day <input type="radio"/> PM             |  | <input type="radio"/> Regular Shift <input checked="" type="radio"/> OT Shift <input type="radio"/> Off Duty |   |  |            |  |  |  |
| Unit of Assignment: Lancaster Station  |                       |                      |   |               | Work Assignment (Unit #, Module, etc.): 113   |   |  |  |   |  |            |  |  |  |
| Individual Force Used: Team Take Down/ Control Holds/ Resistive Handcuffing  |                       |                      |   |               |   | <input type="checkbox"/> Directed <input type="checkbox"/> Rescue <input type="checkbox"/> Medical Assist |  |  | Individual Category: <input type="radio"/> 1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 |  |            |  |  |  |
| <input type="checkbox"/> Injured <input type="checkbox"/> Treated <input type="checkbox"/> Admitted    Facility: _____ |                       |                      |   |               |   | Coroner Case # _____  |  |  |   |  |            |  |  |  |
| <b>E 2</b>   | Employee # [REDACTED] |                      | Last Name: Nelson   |               |   | First Name: Donald  |  |  | Middle I.   |  | Rank: DSG  |  |  |  |
| Sex: <input checked="" type="radio"/> M <input type="radio"/> F  |                       | Race: W              | Height: 511   | Weight: 165   | Age: [REDACTED]                               | Shift: <input checked="" type="radio"/> EM <input type="radio"/> Day <input type="radio"/> PM             |  | <input type="radio"/> Regular Shift <input checked="" type="radio"/> OT Shift <input type="radio"/> Off Duty |   |  |            |  |  |  |
| Unit of Assignment: Lancaster  |                       |                      |   |               | Work Assignment (Unit #, Module, etc.): 113   |   |  |  |   |  |            |  |  |  |
| Individual Force Used: Team Take Down/ Control Holds/ Resistive Handcuffing  |                       |                      |   |               |   | <input type="checkbox"/> Directed <input type="checkbox"/> Rescue <input type="checkbox"/> Medical Assist |  |  | Individual Category: <input type="radio"/> 1 <input type="radio"/> 2 <input checked="" type="radio"/> 3 |  |            |  |  |  |
| <input type="checkbox"/> Injured <input type="checkbox"/> Treated <input type="checkbox"/> Admitted    Facility: _____ |                       |                      |   |               |   | Coroner Case # _____  |  |  |   |  |            |  |  |  |
| <b>E</b>   | Employee # _____      |                      | Last Name _____   |               |   | First Name _____  |  |  | Middle I.   |  | Rank _____ |  |  |  |
| Sex: <input type="radio"/> M <input type="radio"/> F   |                       | Race: _____          | Height: _____   | Weight: _____ | Age: _____                                    | Shift: <input type="radio"/> EM <input type="radio"/> Day <input type="radio"/> PM                        |  | <input type="radio"/> Regular Shift <input type="radio"/> OT Shift <input type="radio"/> Off Duty            |   |  |            |  |  |  |
| Unit of Assignment: _____  |                       |                      |   |               | Work Assignment (Unit #, Module, etc.): _____ |   |  |  |   |  |            |  |  |  |
| Individual Force Used: _____   |                       |                      |   |               |   | <input type="checkbox"/> Directed <input type="checkbox"/> Rescue <input type="checkbox"/> Medical Assist |  |  | Individual Category: <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3            |  |            |  |  |  |
| <input type="checkbox"/> Injured <input type="checkbox"/> Treated <input type="checkbox"/> Admitted    Facility: _____ |                       |                      |   |               |   | Coroner Case # _____  |  |  |   |  |            |  |  |  |
| On Duty Supervisor   |                       |                      |   |               |   |   |  |  |   |  |            |  |  |  |
| Emp # [REDACTED]   |                       | Last Name: Chang     |   |               | First Name: Francois                          |   |  | Middle I.  |   | Rank: SGT.   |            |  |  |  |
|  |                       |                      |   |               |   |   |  |  |   | Present: YES <input type="radio"/> NO <input checked="" type="radio"/>             |            |  |  |  |
|  |                       |                      |   |               |   |   |  |  |   | Witness to Incident: YES <input type="radio"/> NO <input checked="" type="radio"/> |            |  |  |  |
| Supervisor Completing Investigation  |                       |                      |   |               |   |   |  |  |   |  |            |  |  |  |
| Emp # [REDACTED]   |                       | Last Name [REDACTED] |   |               | First Name [REDACTED]                         |   |  | Middle I. [REDACTED]   |   | Rank [REDACTED]  |            |  |  |  |
|  |                       |                      |   |               |   |   |  |  |   | Present: YES <input type="radio"/> NO <input checked="" type="radio"/>             |            |  |  |  |
|  |                       |                      |   |               |   |   |  |  |   | Witness to Incident: YES <input type="radio"/> NO <input type="radio"/>            |            |  |  |  |
| Watch Commander / Supervising Lieutenant   |                       |                      |   |               |   |   |  |  |   |  |            |  |  |  |
| Emp # [REDACTED]   |                       | Last Name: Grall     |   |               | First Name: David                             |   |  | Middle I.  |   | Rank: LT.  |            |  |  |  |

Watch Commander / Supervising Lieutenant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Copy Provided to Employee by: \_\_\_\_\_ Emp #: \_\_\_\_\_

Unit Commander (Print Name) \_\_\_\_\_ Unit Commander's Signature: \_\_\_\_\_ Emp #: \_\_\_\_\_ Date: \_\_\_\_\_

|                    |
|--------------------|
| DISCOVERY Use Only |
| FO# _____          |

☐ PPI REVIEW COMPLETED

Original: Discovery Unit  
Copy: Unit Commander

SH-R-438P (Rev. 01/13)

# Supervisor's Report on Use of Force

## SUSPECT INFORMATION

9 1 5 - 0 4 1 5 6 - 1 1 8 2 - 3 9 1

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S 1

| Suspect Information  |       |                             |         |   |         |  |  |  |  |
|--|-------|-----------------------------|---------|---|---------|--|--|--|--|
| Last Name  |       | First Name                  |         | Middle Name   |         | Armed? Select  |  |  |  |
|  |       |                             |         |   |         | Not Armed  |  |  |  |
| AKA Last Name  |       | First Name                  |         | Middle Name   |         |  |  |  |  |
| Sex:   | Race: | Age:                        | Height: | Weight:   | D.O.B.: | Phone #1:  | Phone #2:  |  |  |
| <input checked="" type="radio"/> Male <input type="radio"/> Female | W     | 16                          | 605     | 175   |         | <input checked="" type="radio"/> H <input type="radio"/> W <input type="radio"/> C | <input type="radio"/> H <input type="radio"/> W <input checked="" type="radio"/> C |  |  |
| Street Address:  |       |                             |         | City:   |         | State & Zip Code:  |  |  |  |
| Booking #:   |       | Primary Charge Code:        |         | Secondary Charge Code:  |         | Criminal History   |  |  |  |
| Treated on Scene?  |       | Name:                       |         | Unit:   |         | Phone #:   |  |  |  |
| <input checked="" type="radio"/> YES <input type="radio"/> NO      |       |                             |         |   |         |  |  |  |  |
| Hospital Admission?  |       | Rec'd Treatment At:         |         | Coroner Case #:   |         | Mental History   |  | <input type="checkbox"/> User's guide provides direction on this entry |  |
| By:  |       | Address:                    |         | Phone #:  |         |  |  |  |  |
| Dr. Michael Gertz  |       | 1600 West Ave. J, Lancaster |         | (661)949-5000   |         |  |  |  |  |
| Under Influence:   |       | Substance:                  |         | 5150 a factor in force?                                       |         |  |  | <input type="checkbox"/> User's guide provides direction on this entry |  |
| <input checked="" type="radio"/> YES <input type="radio"/> NO      |       | Alcohol                     |         | <input type="radio"/> YES <input checked="" type="radio"/> NO |         |  |  |  |  |
| Date:  |       | Time:                       |         | <input type="checkbox"/> Audiotape:                           |         | <input checked="" type="checkbox"/> Videotape:                                     |  | <input checked="" type="checkbox"/> Photos of Injuries:                |  |
| 03/08/15   |       | 1205                        |         |   |         |  |  | <input type="checkbox"/> ADMITS HEARING ANNOUNCEMENTS                  |  |

S

| Suspect Information                                     |       |                      |         |  |         |   |   |  |  |
|---|-------|----------------------|---------|--|---------|---|---|--|--|
| Last Name   |       | First Name           |         | Middle Name  |         | Armed? Select   |   |  |  |
|   |       |                      |         |  |         |   |   |  |  |
| AKA Last Name   |       | First Name           |         | Middle Name  |         |   |   |  |  |
| Sex:  | Race: | Age:                 | Height: | Weight:  | D.O.B.: | Phone #1:   | Phone #2:   |  |  |
| <input type="radio"/> Male <input type="radio"/> Female |       |                      |         |  |         | <input type="radio"/> H <input type="radio"/> W <input type="radio"/> C | <input type="radio"/> H <input type="radio"/> W <input type="radio"/> C |  |  |
| Street Address:   |       |                      |         | City:  |         | State & Zip Code:   |   |  |  |
| Booking #:  |       | Primary Charge Code: |         | Secondary Charge Code:                             |         | <input type="checkbox"/> Criminal History                               |   |  |  |
| Treated on Scene?                                       |       | By:                  |         | Unit:  |         | Phone #:  |   |  |  |
| <input type="radio"/> YES <input type="radio"/> NO      |       |                      |         |  |         |   |   |  |  |
| Hospital Admission?                                     |       | Rec'd Treatment At:  |         | Coroner Case #:                                    |         | Mental History  |   | <input type="checkbox"/> User's guide provides direction on this entry |  |
| By:   |       | Address:             |         | Phone #:   |         |   |   |  |  |
|   |       |                      |         |  |         |   |   |  |  |
| Under Influence:  |       | Substance:           |         | 5150 a factor in force?                            |         |   |   | <input type="checkbox"/> User's guide provides direction on this entry |  |
| <input type="radio"/> YES <input type="radio"/> NO      |       |                      |         | <input type="radio"/> YES <input type="radio"/> NO |         |   |   |  |  |
| Date:   |       | Time:                |         | <input type="checkbox"/> Audiotape:                |         | <input type="checkbox"/> Videotape:                                     |   | <input type="checkbox"/> Photos of Injuries:                           |  |
|   |       |                      |         |  |         |   |   | <input type="checkbox"/> ADMITS HEARING ANNOUNCEMENTS                  |  |

S

| Suspect Information                                     |       |                      |         |  |         |   |   |  |  |
|---|-------|----------------------|---------|--|---------|---|---|--|--|
| Last Name   |       | First Name           |         | Middle Name  |         | Armed? Select   |   |  |  |
|   |       |                      |         |  |         |   |   |  |  |
| AKA Last Name   |       | First Name           |         | Middle Name  |         |   |   |  |  |
| Sex:  | Race: | Age:                 | Height: | Weight:  | D.O.B.: | Phone #1:   | Phone #2:   |  |  |
| <input type="radio"/> Male <input type="radio"/> Female |       |                      |         |  |         | <input type="radio"/> H <input type="radio"/> W <input type="radio"/> C | <input type="radio"/> H <input type="radio"/> W <input type="radio"/> C |  |  |
| Street Address:   |       |                      |         | City:  |         | State & Zip Code:   |   |  |  |
| Booking #:  |       | Primary Charge Code: |         | Secondary Charge Code:                             |         | <input type="checkbox"/> Criminal History                               |   |  |  |
| Treated on Scene?                                       |       | By:                  |         | Unit:  |         | Phone #:  |   |  |  |
| <input type="radio"/> YES <input type="radio"/> NO      |       |                      |         |  |         |   |   |  |  |
| Hospital Admission?                                     |       | Rec'd Treatment At:  |         | Coroner Case #:                                    |         | Mental History  |   | <input type="checkbox"/> User's guide provides direction on this entry |  |
| By:   |       | Address:             |         | Phone #:   |         |   |   |  |  |
|   |       |                      |         |  |         |   |   |  |  |
| Under Influence:  |       | Substance:           |         | 5150 a factor in force?                            |         |   |   | <input type="checkbox"/> User's guide provides direction on this entry |  |
| <input type="radio"/> YES <input type="radio"/> NO      |       |                      |         | <input type="radio"/> YES <input type="radio"/> NO |         |   |   |  |  |
| Date:   |       | Time:                |         | <input type="checkbox"/> Audiotape:                |         | <input type="checkbox"/> Videotape:                                     |   | <input type="checkbox"/> Photos of Injuries:                           |  |
|   |       |                      |         |  |         |   |   | <input type="checkbox"/> ADMITS HEARING ANNOUNCEMENTS                  |  |



$$\boxed{9} \boxed{1} \boxed{5} - \boxed{0} \boxed{4} \boxed{1} \boxed{5} \boxed{6} - \boxed{1} \boxed{1} \boxed{8} \boxed{2} - \boxed{3} \boxed{9} \boxed{1}$$